

MAIL ALL REQUESTS TO:

**Office of the City Clerk
198 N. Washington St.
Rome, NY 13440**

Information needed to obtain a Death Certificate:

- **Application** or **letter of request** is required.
- **Letter of request must include:** Full name of deceased, date of death, applicant's relationship to the deceased, reason for which the record is needed, & the applicant's signature.
- **Identification:** copy of applicant's **valid** driver's license or state issued identification card is required (current mailing address must match the address listed on applicant's identification). If you do not have a valid driver's license, please contact our office for other acceptable forms of identification.
- **Payment:** Money Order **only** - \$10.00 per copy - made payable to **Rome City Clerk**
- **Processing:** The return mail policy is within 2 days upon receipt of the request. *Please include a self-addressed stamped envelope with your request.* If applicant's return address is a Post Office Box, a notarized signed consent from the applicant is required.

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Death Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)
A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: Social Security No. of Deceased:
First Middle Last

Date of Death or Period to be Covered by Search: (mm/dd/yyyy) Date of Birth of Deceased: Age at Death:
From To mm / dd / yyyy

Maiden Name of Mother of Deceased: Death Certificate No.: (if known)
First Middle Maiden Last

Name of Father of Deceased: Local Registration No.: (if known)
First Middle Last

Place of Death:
Name of Hospital or Street Address Village, town or city County

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)
 Copies requested **with** confidential cause of death _____ Copies requested **without** confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required: What is your relationship to person whose record is required?

In what capacity are you acting? If attorney, give name and relationship of your client to person whose record is required:

If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant: Address of Applicant: _____ (Applicant's Name) _____ (Street) _____ (City) (State) (Zip) Telephone No.: () _____	Date Signed: Month Day Year _____ _____ _____	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
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